



REQUIRED SUMMARY OF ANTI-FRAUD

Pursuant to §10-1-128(5)(c), C.R.S., every licensed insurance company doing business in Colorado shall include a summary of its anti-fraud efforts as part of annual filing made pursuant to §10-3-109, C.R.S. Please note that the insurer is not required to file its anti-fraud plan with the Colorado Division of Insurance (the “Division”), only a summary of its anti-fraud efforts. The insurance company should file this document on or before the first day of March each year. The format of the summary should be submitted in a document, which is separate from the filed annual statement. The required summary of anti-fraud filing is not a public record pursuant to §10-1-128(5)(d), C.R.S., therefore it should be marked as “CONFIDENTIAL.” The title of the summary should be stated as “SUMMARY OF ANTI-FRAUD PLAN.” The cover page should also contain the effective date of the anti-fraud plan, the name, title and phone number of the person completing the summary, the name of the company, the company address and the NAIC Company Code.

Compliance with the above format requirements is necessary to assure that the company’s summary of its anti-fraud plan is correctly processed and maintained as a confidential document by the Division.

Please Note the following Exemptions:
§10-1-128(5) C.R.S., shall not apply to entities whose principal business is in the assumption of reinsurance contracts, reinsurance agreements, or reinsurance claims transactions.
§10-16-421(1) C.R.S. Except for §§10-1-102, 10-1-121, 10-1-122, 10-3-118, 10-3-128, and 10-3-208(7), and parts 4 to 8 of article 3 of this title, and as otherwise provided in this article, the provisions of the insurance law and provisions of nonprofit hospital, medical-surgical, and health service corporation laws shall not be applicable to any health maintenance organization granted a certificate of authority under this part 4.

